CENTERS F	OR MEDICARE & MEDICAID SERVICES			"A" FORM			
STATEMENT (	OF ISOLATED DEFICIENCIES WHICH CAUSE	PROVIDER#	MULTIPLE CONSTRUCTION	DATE SURVEY			
NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFS			A. BUILDING:	COMPLETE:			
		345111	B. WING	5/5/2016			
NAME OF PRO	OVIDER OR SUPPLIER	STREET ADDRESS, O	CITY, STATE, ZIP CODE	<u>.</u>			
PENICK VILLAGE		500 EAST RHODE ISLAND AVENUE SOUTHERN PINES, NC					
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC	TIES					
F 159	483.10(c)(2)-(5) FACILITY MANAGEM	483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS					
	Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.						
	The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)						
	The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.						
	The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.						
	The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.						
	The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.						
	The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.						
	This REQUIREMENT is not met as evidenced by: Based on resident interview and staff interview, the facility failed to provide residents access to their personal funds on the weekends for 1 of 1 sampled residents (Resident #1). The findings included:						
	Resident #1 was admitted to the facility on 12/10/13. The quarterly Minimum Data Set (MDS) assessment dated 3/5/16 indicated her cognition was intact.						
	During an interview on 5/2/16 at 1:40 PM with Resident #1 she indicated she was unable to access her personal funds on the weekend. She stated the banking hours were during the business day on Monday through Friday. She revealed she had to plan ahead if she was going to need money over the weekend.						
	An interview was conducted on 5/5/16 at 11:25 AM with the facility accountant. She stated that residents						

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

	MEDICARE & MEDICAID SERVICES	I no overnous #	1	A FORM	
STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE		PROVIDER #	MULTIPLE CONSTRUCTION	DATE SURVEY	
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		345111	B. WING	5/5/2016	
NAME OF PROVIDER OR SUPPLIER PENICK VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 EAST RHODE ISLAND AVENUE SOUTHERN PINES, NC			
ID PREFIX FAG	SUMMARY STATEMENT OF DEFICIENCE	CIES			
F 159	there was no system in place for residents	s to access their person and are not accessible.	from 8:00 AM to 5:00 PM. She revealed al funds over the weekend. She stated the She indicated this had not been an issue fower the weekend.		